

AUDIT REPORT

Required to be kept for three years at the licensee's place of business

Business Name Street Address				License Number		DR Number		Page of	
			City			State			01
Person Contacted	Contact Name								
☐ Licensee ☐ Representative									
Vehicle Identification Number			Make/Yea	r	Owner Document *	State	Remarks/D	ealer Nui	mber
					□P □S			•	
Seller Name (first, middle, last, suffix)		Street Address				State	Zip		Date Acquired
Buyer Name (first, middle, last, suffix)		Street Address				State	Zip Date Sold		Date Sold
Vahiala Idantification Number			Moke/Vee		Owner Document *	Ctata	D /D	I NI	
Vehicle Identification Number		Make/Year		□ P □ S	State	Remarks/Dealer Number			
Seller Name		Street Address	1	City	1	State	Zip		Date Acquired
Buyer Name		Street Address		City	City		Zip		Date Sold
Vehicle Identification Number			Make/Yea	r	Owner Document *	State	Remarks/D	ealer Nu	mher
					□P □S	State		00.01 .10.	
Seller Name		Street Address		City	City		Zip		Date Acquired
Buyer Name Street A		Street Address	street Address		City		Zip		Date Sold
Vehicle Identification Number		Make/Year		Owner Document *	State	Remarks/Dealer Number			
Seller Name		Street Address	1	City	1	State	Zip		Date Acquired
Buyer Name Street Address		Street Address			City		Zip		Date Sold
Investigator Name		Investigator Signature			Audit Began		1		
investigator realite		investigator Signature		Date Addit begain					

Vehicle Identification Number	Make/Year		Owner Document * Sta		Remarks			
				□P □S				
Seller Name Street Address		City			State	Zip	Date Acquired	
Buyer Name	Street Address		City		State	Zıp	Date Sold	
Vahiala Idantification Number	1	Make Wass		LOwer Decomposit *	10			
Vehicle Identification Number	Make/Year		Owner Document *	State	Remarks			
Seller Name	Street Address		City		State	Zip	Date Acquired	
Buyer Name	Street Address		City		State	Zip	Date Sold	
Vehicle Identification Number		Make/Year		Owner Document *	State	Remarks		
Venicle Identification Number		Wake, Fear		□P □S	State	nemarks		
Seller Name	Street Address		City	13. 30	State	Zip	Date Acquired	
Buyer Name	Street Address		City		State	Zip	Date Sold	
Vehicle Identification Number		Make/Year		Owner Document *	State	Remarks		
				□P □S				
Seller Name	Street Address		City		State	Zip	Date Acquired	
Buyer Name Street Address			City		State	Zip	Date Sold	
Vehicle Identification Number		Make/Year		Owner Document *	State	Remarks		
				□P □S				
Seller Name	Street Address		City		State	Zip	Date Acquired	
Buyer Name	Street Address		City		State	Zip	Date Sold	
Vehicle Identification Number		Make/Year		Owner Document *	State	Remarks		
				□P □S				
Seller Name	Street Address	•	City	•	State	Zip	Date Acquired	
Buyer Name	Street Address		City		State	Zip	Date Sold	
					1	1	1	

Page

of

DR Number